

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| | IND | DEP | IND | DEP | IND | DEP |
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| 40 | 2 | | | | | |
| 41 | 2 | | | | | |
| 42 | 1 | | | | | |
| 43 | 1 | | | | | |
| 44 | 1 | | | | | |
| 45 | 4 | | | | | |
| 46 | 4 | | | | | |
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| TOTAL IND. | 9 | | | | | |
| TOTAL DEP. | 102 | | | | | |
| TOTAL CLAIMS | 104 | | | | | |

| IND | DEP | IND | DEP | IND | DEP |
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